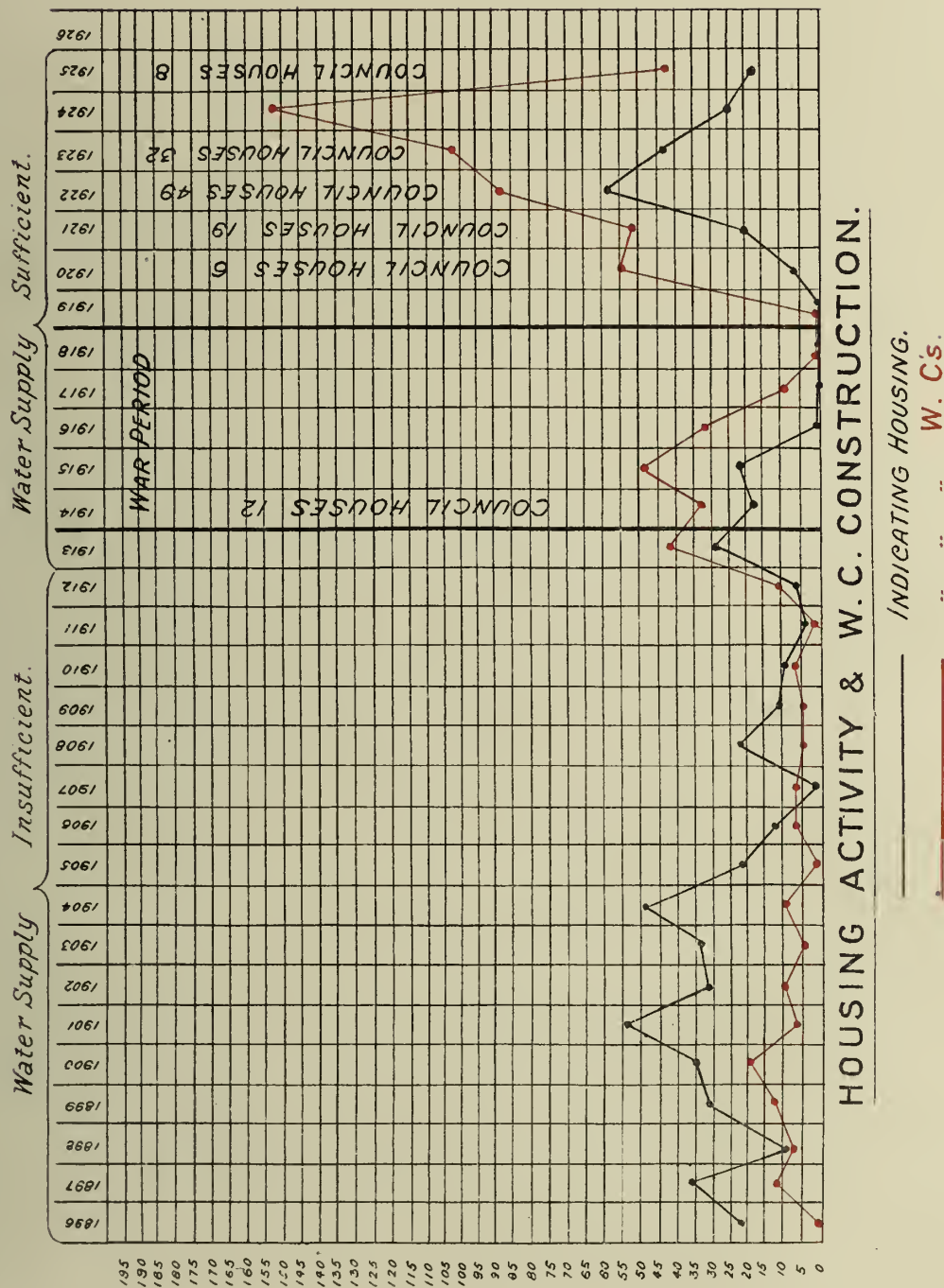


ARDBLEY F & W U.D.C

1925



Social Conditions, including the chief occupations of the inhabitants, and the influence of any particular occupation on Public Health (Census 1921).

Order	OCCUPATIONS	Number Employed.	Influence on Health noted in this Area.
1	Mining and Quarrying	1001	Nystagmus
2	Textile Workers	718	Anaemia and Digestive Troubles
3	Railway Transport Workers	500	Respiratory Affections
4	Metal Workers	279	
5	Commercial Occupations	175	
6	Agricultural Occupations	156	
7	Builders, Bricklayers, etc.	129	
8	Persons employed in Personal Service	128	
9	Clerks, Typists, etc.	111	
10	Makers of Textile Goods and Articles of Dress	100	

Population and Intercensal Variations.

	1901	1911	1921	1901-1911 increase	Increase %	1911-1921 Excess of births over deaths	Loss by migration
Ardsley E. & W.	7477	8120 (M4106—F 4014)	8479 (M4183—F 4296)	643	359 4·4	932	573

Acreage, Population, Private Families and Dwellings.

	Area, Land & Water	Total Population 1911	Population 1921	Persons per Acre	Private Families	Population in Private Families	Structurally Separate Dwellings occupied	Rooms Occupied	Rooms per person
Ardsley E.	1819	4441	4691 (M2337—F 2354)	2·6	1061	4618	1057	4031	·87
Ardsley W.	2198	3679	3788 (M1846—F 1942)	1·7	847	3778	847	3042	·81

	Average Age		No. of Married Women aged less than 45 per 1000 females of all ages		No. of Females per 1000 Males		Female Indoor Domestic Servants per 1000 population	
	Males	Females						
Ardsley E. & W.	28·9	28·6		266		1027		9

Vital Statistics.

Births—173 (Illegitimate 3), Males 92, Females 81.

Birth Rate—19.3. England and Wales—18.3.

(Lowest recorded, except during the war years,
1917—1918).

N.B.—See charts for comparison with other years).

Deaths—

(a) Actually registered in the District—60 (Males 33, Females 27).

(b) Nett Deaths on which the rates are calculated—81 (Males 45, Females 36).

N.B.—See Charts.

Death Rate—9.07. England and Wales—12.2.

This is our lowest on record. In England and Wales the lowest on record was 11.6 in 1924.

Infantile Mortality—12. (East Ardsley 6, West Ardsley 6).

Infantile Death Rate—69 per 1,000 Births. England and Wales—75. W.R. Urban Districts—82.

Our lowest was 67 in 1923, whilst the lowest I.D.R. was 69 in 1923 in England and Wales.

Causes of Death under 1 year :—

	E.A.	W.A.	Total
Whooping Cough		1	1
Diarrhoea	1	1	2
Congenital Debility		1	1
Bronchitis	2	1	3
Acute Gastric Catarrh	1	1	2
Premature Birth	2		2
Suffocation		1	1
<hr/>			
Total	6	6	12

Examination of the accompanying Diagrams shows a gradual diminution in the Death Rate until, in 1925, we find the lowest Rate recorded, viz.: 9.07. The Chart showing five yearly periods from 1896 enables us to see clearly this steady diminution. From 1896 to 1900, our average for the five years was 17.9, whereas our average for the period 1921 to 1925 was 10.9. This is highly satisfactory.

The Infantile Death Rate has fallen from an Average of 181.4 in the period 1896—1900 to 86.6 in the period 1921—1925. In 1925 the Infantile Death Rate was 69. Here, again, we have every reason to feel encouraged.

Causes of Death—(See Charts).

30 years ago the principal causes of Death were in the following order :—

- 1, Congenital Diseases 2, Respiratory Diseases 3, Zymotic
- 4, Tuberculosis 5, Heart 6, Cancer 7, Violence
- 8, Parturition 9, Influenza

During the past five years the order was as follows :—

- 1, Respiratory Diseases 2, Heart 3, Cancer 4, Congenital
- 5, Tuberculosis 6, Zymotic 7, Violence 8, Influenza
- 9, Parturition

The only cause of death which shows higher figures is cancer. All other causes show a diminution in numbers. One very interesting fact comes to light in considering the causes of mortality during the past 30 years, viz: the marked diminution in those causes of death attributable to insanitary conditions and surroundings.

Congenital Diseases, Zymotic Diseases, Tuberculosis, and mortality amongst part nutrient women have shown a marked decline—in great measure due to your sanitary administration.

Zymotic Diseases—A careful perusal of the charts will show that the death rates are diminishing amongst the various Zymotic Diseases particularly Typhoid, Measles, Scarlet Fever and Whooping Cough, Diphtheria and Diarrhoea. All show marked differences during the past 5 years as compared with 25 to 30 years ago.

Violence caused 105 deaths in 30 years— a satisfactory feature considering the nature of the employment of the majority of the workers in our District. During the past 15 years there were 48 deaths from violence as compared with 57 during the previous 15 years, notwithstanding the increase in population (E. & W.A. 335 per 1,000,000 ; England and Wales 1925, 357 per 1,000,000).

Respiratory Diseases are very prevalent in damp districts such as this—with its clay subsoil. Unsuitable housing and overcrowding, neglect of ventilation, and absence of sunshine add to our susceptibility, but the personal factor is a most important one. We don't use our houses and our rooms as we should, and we are not careful of our bodily condition in the matter of baths, and physical exercises. When this has been pointed out we are met with the reply "Oh! I get plenty of exercise in my daily work." Probably that is true of a certain set of muscles and organs but what of all the other muscles and organs that are never used ? Put a railway man into a coal mine to get coal and see the result, not from the point of view of skill, but as far as his backache next morning is concerned. In these days of shorter hours some time should be spent in physical culture, and this applies especially to the middle aged.

I dread to think of what the future has in store for us in view of the use and abuse of motor cars, 'bus traffic, the smoking of cigarettes, and the watching of football matches.

Chronic Bronchitis and Emphysema are legacies handed down to us from infective diseases in youth, e.g. Measles, also from ear, throat and nose affections in childhood.

Diseases of the Heart and Blood Vessels.

Little or no change during the past 30 years. These diseases are caused by acute rheumatism, scarlet fever and other infections in earlier life, whilst in older life arteriosclerosis (a degenerative disease of the blood vessels, leading to cerebral haemorrhage) is brought about by venereal disease in early life, kidney disease, and also alcoholism.

Congenital Diseases—These are the result of unhealthy and unsuitable parentage, poverty and want, alcoholism, bad housing, overcrowding, and general insanitary conditions, and can only be diminished by persistent sanitary effort, a clean milk supply, satisfactory food storage, and education.

Tuberculosis—Pulmonary and Other Tuberculosis became compulsorily notifiable in 1913, and shows a steady rise. Our death rate continues to show a slight diminution, but the number of notifications increases and this, I think, can be accounted for by the fact that many conditions of ill-health, not formally defined, are now called pre-tubercular and therefore notified.

Though this may interfere with our records, it is to the advantage of the patient, and many lives are saved in consequence. Our records will also show an improvement in as much as the mortality based on the number of notifications will naturally be lower.

An analysis of all the cases notified since 1913 shows that Pulmonary Tuberculosis attacks those between the ages of 20 and 45 to the extent of 53 per cent., while those between the ages of 1 and 20 are represented by 42 per cent. Regarding Non-Pulmonary Tuberculosis, the first 10 years of life are represented by 79 per cent., leaving 21 per cent. for those between 1 and 30 years of age.

Tubercular individuals and tuberculous cattle are the principal causes of the spread of disease, the contributory causes being damp soils and humid atmosphere, bad housing conditions, previous illness and mal-nutrition, alcoholism, various trades and occupations where dust and moisture predominate. Oral sepsis, adenoids and enlarged tonsils play their part in the tuberculosis of childhood.

10 per cent. of all milk contains tubercle bacilli, and 50 per cent. of affected children show the bovine type.

In 1925 the case ratio were as follows :—

	P.T.	O.T.
Ardsley E. & W.....	.89	.33
W.R.A.D. County	1.76	.55
England & Wales	1.51	.50

At the end of 1925 there were 31 cases of Pulmonary Tuberculosis in the area and 9 Other Tuberculosis.

Cancer—The increase may be due to more correct diagnosis and is greater amongst males. Up to the present, the only remedy is early diagnosis and immediate removal of the part.

The mortality from cancer in 1925 in England and Wales was the highest on record. Our rate for the past 5 years was not as high as during the previous 5 years.

N.B.—A careful study of the charts and diagrams will show clearly the state of our vital statistics.

Causes of sickness or invalidity which have been specially noteworthy in the Area during the period under review ; and conditions of occupation or environment which appear to have had a prejudicial effect on Health.

The only industrial disease prevalent in this area is that associated with mining—Nystagmus ; but this condition is not peculiar to this district. Miners' lung disease is very rarely found. Taking them as a whole, the mine workers in this district are a fairly healthy class, and probably account for as little invalidity as any class of worker coming under the State Insurance Benefits.

The railway men suffer to a large extent from respiratory diseases, and invalidity from that cause is a marked feature.

The textile workers who have to travel long distances to work—particularly girls—suffer from anæmia and digestive troubles. These are probably the result of irregular and insufficient meals during work time. A marked improvement during the past 12 years has been noticeable amongst young girls as regards anæmia and digestive troubles, owing to the fact that a mill employing some hundreds of hands has been established in the district—thus enabling the workers to get regular meals at home.

Influenza colds were prevalent amongst school children, particularly infants, during January, and whooping cough during November.

**Causes and Totals of Deaths at all ages
from 1896—1925 (inclusive).**

Diseases grouped.	Totals.	Individual Diseases.	
Respiratory	562	{	Bronchitis 253
		{	Pneumonia 283
		{	Other Respiratory 26
Heart and Blood Vessels ...	369	{	Heart Disease 306
		{	Cerebral Haemorrhage 37
		{	Arterio-Sclerosis 26
Zymotic	367	{	Typhoid Fever 21
		{	Measles 85
		{	Scarlet Fever 28
		{	Whooping Cough 60
		{	Diphtheria 54
		{	Diarrhoea 119
Congenital	356	Congenital Diseases	356
Tuberculosis	272	Pulmonary Tuberculosis	151
		Other Tuberculosis	121
Cancer	180	Cancer	180
Violence	105	Violence	105
Influenza	81	Influenza	81
Pregnancy	48	{	Puerperal Sepsis 7
(including Parturient Accidents)		{	Parturition 41
Kidney	40	Kidney Diseases	40
Brain Infections.....	28	{	Encephalitis Lethargica 1
		{	Meningitis (Meningococcal)..... 25
		{	C.S. Fever 2
Liver	25	Cirrhosis of Liver	25
Suicide	21	Suicide	21
Gastric and Intestinal	15	Ulcer of Stomach, Appendicitis Etc.	15
Rheumatism	11	Rheumatic Fever	11
Diabetes	3	Diabetes Mellitus	3
Other Defined Diseases	980		
Total ...		3463	

Total Deaths at Different Ages for 30 years in 5-yearly Periods.
EAST ARDSLEY.

PERIOD.	WEEKS.				1-12 Mnths	Total under 1 Year.	AGES.					TOTALS.	
	Under 1	Under 2	Under 3	Under 4			1-4	5-14	15-24	25-44	45-64		65 and up- wards
1896-1900	30	5	8	4	75	122	40	12	11	38	46	58	327
1901-1905	21	4	2	7	75	109	52	19	14	28	49	54	325
1906-1910	11	1	—	1	50	63	39	12	11	34	51	64	274
1911-1915	9	2	2	1	45	59	32	13	8	32	68	59	271
1916-1920	14	7	4	4	31	60	30	16	30	63	71	64	334
1921-1925	8	4	4	3	21	40	10	8	14	34	53	73	232
TOTALS ...	93	23	20	20	297	453	203	80	88	229	338	372	1763

Total Deaths at Different Ages for 30 years in 5-yearly Periods.

WEST ARDSLEY.

PERIOD.	WEEKS.				1—12 Mnths	Total under 1 Year.	AGES.					TOTALS.	
	Under 1	Under 2	Under 3	Under 4			1—5	5—12	15—25	25—45	45—65		65 and up- wards
1896—1900	22	4	5	—	82	113	54	13	19	25	39	53	316
1901—1905	13	3	9	1	82	108	46	18	19	25	60	44	320
1906—1910	17	3	2	1	50	73	37	14	11	41	47	75	298
1911—1915	16	4	3	1	43	67	38	15	11	29	59	49	268
1916—1920	13	2	4	2	30	51	34	8	12	29	38	74	246
1921—1925	9	4	—	1	21	35	14	8	15	23	63	94	252
TOTALS 	90	20	23	6	308	447	223	76	87	172	306	389	1700

General Provision of Health Services in the Area.

Hospitals provided or Subsidized by the L.A. or by the County Council.

- | | | |
|------------------|--------------------------------------|----------------------------|
| (1) Tuberculosis | Cardigan Sanatorium,
East Ardsley | W.R.
County
Council. |
|------------------|--------------------------------------|----------------------------|

N.B.—This is the Small Pox Hospital but it is used for Tuberculosis when not otherwise required. Single cases of Small Pox are dealt with at Pontefract, Tadeaster and Selby Joint Small Pox Hospital, Sherburn, but in case of an epidemic the Cardigan Sanatorium would be evacuated by Tuberculosis cases and used for Small Pox.

- | | | |
|---------------|--------------------------------------|---|
| (2) Maternity | Nil | |
| (3) Children | Nil | |
| (4) Fever | Carr Gate
Joint Hospital | Wakefield Rural
Ardsley and
Stanley District
Council |
| (5) Small Pox | Cardigan Sanatorium,
East Ardsley | Wakefield
and
District |

No institutional provision for unmarried mothers, illegitimate infants and homeless children.

No General Hospital in the Area—Those utilised by the inhabitants are situated in Leeds, Wakefield and Batley.

Ambulance Facilities.

- | | |
|--|--|
| (a) Infectious Cases | Motor Ambulance
(Isolation Hospital). |
| (b) Non-infectious and
Accident Cases | Private Colliery
Ambulances |

Public Health Offices of the L.A.

Basil George Ewing, M.B., M.O.H.
Harold Roberts, Sanitary Inspector.

Summary (for reference) of Nursing Arrangements.

Hospitals and other Institutions available for the District.

Professional Nursing in the house.

(a) General.

East Ardsley Nursing Association—maintained by Voluntary Contributions—provides a District Nurse. West Ardsley Nursing Association has a similar Scheme.

The Local Authority contributes £25 per year towards the two Associations and the Nurses work in conjunction with the M.O.H. as occasions arise.

(b) For Infectious Diseases.

No Nurse available, but during epidemics, e.g. Measles, Influenza, etc., the local V.A.D. Society has offered its staff in emergency.

Midwives.

None employed or subsidized by the L.A. Four midwives practice in the District.

Clinic and Treatment Centres.

Name.	Situation & Accommodation.	Provided by
Maternity and Child Welfare Centre (consultations).	Primitive Methodist Chapel School Rooms (3), East Ardsley.	W.R. County Council.
School Clinic.	Tingley Wesleyan School Rooms (3), West Ardsley.	„
Tuberculosis Dispensaries	Wakefield.	„
	Morley.	„
Treatment Centres for Venereal Diseases	Wakefield.	„

1895	Infectious Disease (Prevention) Act 1890
1898	Infectious Disease (Notification) Act 1889
	L.G.B. Bye-Laws re Common Lodging Houses
	Slaughter Houses
	Sanctioned New Streets and Buildings
	„ Nuisances
	„ Trade of Boiler
	Dairies, Cow-sheds and Milk shops regs.
1904	County of W.R. of Yorks. (Wakefield & District Small Pox Isolation District). Conformation Order
1912	Acute Poliomyelitis and Cerebro-Spinal Fever to come under Infectious Disease Notification Act 1889
1914	Public Health (Amendment) Act 1907
	Pt. II, Secs. 15-23 both inclusive (except. sec. 26)
	Pt. III, Secs. 34-49 both inclusive („ „ 47)
	Pt. IV, Secs. 52-59 both inclusive
	Pt. IV, Secs. 63-68 both inclusive

For other details see Table "C"

Sanitary Circumstances of the Area.

Water—The council purchases the water in bulk from Morley Corporation, and the agreement (20 years) will terminate in September, 1926. The source of the water is Cragg Vale, Halifax. In 1925 there were no further developments, no restrictions, no general inefficiency, and no complaints as to unsatisfactory quality. 99.5 per cent. of the houses are supplied with water from the mains.

Drainage and Sewerage—Arrangements were made whereby Haigh Moor Road, Low Side, Westerton, White Row, Common Side, and Hill Top, would be provided during the coming year with proper Sewerage Schemes. When these are completed, the district will be adequately sewered, only a few isolated houses requiring to be connected to cesspools.

The Sewerage Disposal Works are at present just adequate and no complaints have been received, but, in view of possible requirements, schemes are being prepared to double the capacity of the Fall Sewerage Works and increase the capacity of the Fenton Dam Works.

There are practically no sink pipes requiring disconnection.

Closet Accommodation.

Number of privies with open middens, 23. Number of privies with covered middens, 780. Number of pail or tub closets, 14. Number of W.C.'s, 912. Waste water closets, 48. Number of privies reconstructed during 1925, 24. Number of additional water closets provided for old property in 1925, 2. Number of water closets constructed in 1925 for new houses, 17.

Scavenging—Performed by the Council. Refuse disposed of by (1) Tips, 3640 loads. (2) Farmers, 2173 loads. Annual cost £1,541.

Smoke Abatement—Observations were made on 4 occasions regarding a nuisance by smoke from a mill chimney in Mill Lane, and the firm was interviewed with a view to better stoking. 50 per cent. of the smoke nuisance is caused by domestic fires, and though smoke nuisance is (1) injurious to health, (2) causes dirt and expence, and (3) destroys vegetation, yet no action has been taken by authorities generally to meet the smoke problem in housing schemes except in regard to wash houses where gas fires have been introduced.

Premises and Occupations which can be controlled by Byelaws and Regulations—None.

Schools—Influenza Colds were prevalent during January, particularly amongst infants, and the infant schools were closed for 14 days. Whooping Cough was prevalent in Westerton during November.

The ventilation improvements in the schools have proved satisfactory.

For 30 years the provision of a Public Hall has been urged to replace the letting of schools for public meetings, etc., but up to 1925 nothing has been done in the matter, notwithstanding the unsuitability of the schools for evening entertainments, and the danger to the health of the children from dust and infection.

HOUSING.

Summary of Housing Work during 1925.

1924 Balance.	No.	1925 Inspections.	Remedied without Formal Notice.	Remedied after Formal Notice.	Closed Voluntarily.	Closing Order.	1925 Balance
Houses not reasonably fit	67	46	13	24	0	0	30
Minor Defects ...	48	4	4	0	0	0	44
Totally Unfit ...	34	5	0	0	4	1 (not complied with)	30

Total Number of Houses in District	2082	Working Class Houses	1977
Erected in 1925.....	17	Working Class Houses	8
Demolished in 1925	4	Others	9

Scarcity—General throughout the District as shown by overcrowding, the number of families in lodgings, and the insanitary condition of some 30 occupied houses.

With reference to the houses built by the Council in 1923-24, it will be interesting to go into some detail regarding the suitability of these houses for habitation, the effect on overcrowding, the emptying of insanitary houses, and the care taken by the tenants to avoid further overcrowding. For this purpose I will take the 50 reinforced concrete houses in East Ardsley—

In addition to the 50 families occupying these houses, 17 other families have been taken in as lodgers. There are 55 lodgers in 23 houses. These 17 families require 17 further houses. There are 8 cases of overcrowding, all due to the presence of lodgers. 38 houses were well cared for, 8 were fair, and 4 were unsatisfactory from the point of view of cleanliness and of these 4, three contained lodgers.

Of the tenants, 16 came from lodgings in various parts of the district, 8 came from outside areas, 11 from insanitary houses in the district, and 15 came for other reasons, e.g. requiring larger houses, receiving notices, etc.

There were no definite complaints from any of the tenants regarding the suitability of the houses for habitation, no complaints of cold or dampness ; but, on the other hand, many tenants spoke highly of the comfort, convenience, and general healthy qualities of the houses and the site. The minor complaints referred principally to fittings and woodwork.

Of the insanitary houses vacated by these tenants, 3 have been closed, and the remainder have been repaired and are being kept under observation.

You are to be congratulated upon the lines on which you are working in connection with building schemes. Gone, we hope, are the days when houses were built in long rows without a yard of privilege, or with any of the amenities to which a human being is entitled, or any consideration given for the purity of the local atmosphere. Gone, let us hope,

are the overcrowded areas, the privy middens within touching distance of the back doors, and the filthy mess left by the sanitary men during scavenging operations. Private streets should be taken over by the authority ; they are never attended to. Under the newer housing scheme, there is a bit of garden in front and a patch of ground at the back which a man can call his own, and there is no overcrowding of areas. The sites are healthier, and there is more fresh air and sunshine ; but don't let your new houses be overcrowded by lodgers, don't let your new houses disgrace the district by reason of a careless tenant. Insist upon cleanliness and tidiness, and make it a condition of tenancy. Don't let the gardens and the ground behind be eyesores to the neighbourhood by reason of the multiplicity of designs of palisading, rabbit hutches and dog kennels. Insist upon standardisation—the cost is no more, but the appearance is infinitely more pleasing to the eye and instructive to the tenant. A few of the occupiers are very proud of their little homes, and have made the most of their gardens and spare ground, but this only adds to the incongruity of the whole.

Under your housing scheme there is provision for the separation of the sexes, and though the sitting room is for the present on a small scale, it nevertheless provides privacy for the parents or children when required. There is no excuse now for the lack of cleanliness or tidiness, and it should be insisted upon.

As regards old property, the conversion of privy middens to W.C.'s is proceeding satisfactorily, but more care of the refuse bins is necessary upon the part of the tenant. Repairs to old property should be insisted upon and not overlooked, as many landlords are concerned only in drawing rents. I have every sympathy with landlords ; some are most considerate, but many of them are negligent beyond all reason, and have not the excuse of tightened circumstances. The man who to-day speculates on property must be prepared to spend money before he gets any return for his outlay, and should buy accordingly. He must not complain if he finds the sanitary authority insistent upon necessary repairs and alterations.

Insanitary yards must be dealt with in a determined manner ; they are the greatest failure of our sanitary administration. Footpaths and an impervious road surface are absolutely essential. Cannot something be done in this

matter by the L.A. in conjunction with the property owners on the lines of the conversion of privy middens ? The result from a health point of view, not to speak of the improved appearance, would more than counterbalance the initial outlay. Dilapidations leading to dampness, food storage, smoky chimneys, and cooking arrangements all require the strictest supervision.

Inspection and Supervision of Food.

Milk Supply—32 Cowsheds, 287 Cows. 26 Cowkeepers producing and selling milk—E.A., 9 ; W.A., 17 (17 are retail milk sellers). 6 milk retailers only.

The cows are generally well cared for. No fault has been found with the quality of the milk supply with this exception, viz. a deposit at the bottom of the milk vessels, probably due to excessive dust in the cowsheds or neglected grooming.

The sanitary condition of our cowsheds is far from satisfactory, especially as regards ventilation, lighting, floors, drainage and storage of manure. The following points also require attention, viz. cleanliness of the cows, especially hind-quarters, udders and teats, cleanliness of the milkers' hands, the wearing of overalls, the general use of the covered pail, the cooling of milk before distribution, and the cleansing and storage of milk containers.

As 20 per cent. of cattle are said to be affected by Tuberculosis, and 10 per cent. of all milk to contain Tubercle Bacilli, the provision of Veterinary Inspection is surely a necessity for the protection of children.

No epidemic of Infectious Disease has ever been traceable to our milk supply.

Other Foods—There have been no seizures of unsound meat. There are 6 slaughter houses, and these have been visited fortnightly ; the condition of the houses has been fairly satisfactory

There are 5 bakehouses, one underground, and no faults have been found on inspection.

Prevalence of, and Control over, Infectious Diseases.
Notifiable Diseases during 1925.

DISEASE.	AGES.												Total Cases in Hospital.	Total Deaths.		
	0 to 1		1 to 5		5 to 15		15 to 25		25 to 35		35 to 45				45 to 65 &c.	
	0	1	0	1	5	15	25	35	45	65	to	&c.				
SCARLET FEVER	...	2	9	...	2	2	...	2	2	...	...	15	...	15	...
DIPHTHERIA	...	1	7	1	1	1	...	1	1	...	...	11	...	10	...
ENTERIC (including PARATYPHOID)}	1	...	...	...	...	...	...	...	...	1	...	*1	...	
PEURPERAL	1	...	1	...	...	...	1	...	...	...
ERYSIPELAS	1	...	1	...	1	2	...	4	...	...	...
PULM. TUBERCULOSIS	2	2	2	3	1	...	1	...	...	8	...	...	...
OTHER TUBERCULOSIS...	...	1	2	...	...	...	...	...	...	...	...	3	...	...	...
EN. LETHARGICA	1	...	...	...	...	...	...	1	...	1	...	
PNEUMONIA	1	...	...	4	1	3	1	...	...	10	...	...	8	
TOTALS	...	4	22	5	11	6	5	1	54	27	8					

*Paratyphoid to Seacroft Hospital, Leeds,

In recent years **Scarlet Fever** has been noticeable for its mildness—low mortality and the absence of epidemics.

Tho' constantly appearing in isolated cases Scarlet Fever has in recent years been kept under control and in my opinion Hospital Isolation in this district has been the principal cause of the prevention of epidemics—practically 100 per cent. go to hospital and do so voluntarily. When we go back 25 to 30 years ago, hospital isolation was not so popular and cases appeared in hundreds—several cases in one family generally appearing—now we scarcely ever get a second case in the same house. There is no possibility of isolating cases in working class dwellings and the money spent on the isolation hospital is fully justified.

As regards **Diphtheria**, cases are notified frequently, but the death rate has fallen considerably during the past 30 years—reference to the chart (Zymotic Death Rates) shows this clearly. I attribute this falling death rate to the use of Anti-Diphtheritic Serum which is the routine treatment in the isolation hospital.

Typhoid Fever has practically fallen to zero for some years.

The charts appended are the case rates, i.e. the number of notifications per 1,000 of the population and the mortality rates are also per 1,000 of the population.

Tuberculosis—For notes see Causes of Death.

Tuberculosis.
New Cases and Mortality during 1925.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year	...	...	1	...	...	...	...	...
1—5 years	...	1	...	...	...	1	...	...
5—10 "	...	...	1	1	...	...	...	...
10—15 "	1	...	...	...	...	...	...	...
15—20 "	1	...	...	...	...	...	...	...
20—25 "	2	1	...	...	...	...	...	...
25—35 "	1	...	...	...	...	...	...	...
35—45 "	...	1	...	...	1	...	...	...
45—55 "	...	...	...	...	...	...	...	...
55—65 "	...	...	...	...	...	...	...	...
65 and upwards	...	...	...	...	...	...	...	...
TOTALS ...	5	3	2	1	1	1	...	...

Cases Notified from 1913—1925 (inclusive).

AGE-PERIODS.	Pulmonary.			Non-Pulmonary.		
	M	F	Totals	M	F	Totals
0—1 year	...	4	4	2	2	4
1—5 years	8	7	15	15	8	23
5—10 "	7	11	18	4	10	14
10—15 "	7	9	16	1	...	1
15—20 "	7	7	14	2	1	3
20—25 "	24	15	39	1	2	3
25—35 "	19	12	31	1	2	3
35—45 "	12	4	16	...	...	...
45—55 "	5	2	7	...	...	...
55—65 "	...	...	...	...	...	...
65 and upwards	...	...	...	...	...	...
TOTALS ...	89	71	160	26	25	51

**Cases of Infectious Diseases treated at the
Isolation Hospital in 1925.**

DISEASE.	Wakefield Rural	Stanley U.D.C.	Ardsley E. & W. U.D.C.
Scarlet Fever ...	41	30	15
Diphtheria	13	6	10
Enteric	3	...	...
Erysipelas .	...	...	...
Encephalitis Lethargica	...	..	1
TOTALS ...	57	36	26

Summary.

During the past 30 years your Sanitary Administration has been productive of much good work. Our vital statistics are highly satisfactory. The water supply reaches 99.5 per cent. of its inhabitants. Our sewerage scheme will shortly reach 99 per cent of the area. Hundreds of privy middens and uncovered ashpits have been replaced by water closets and dust bins. Seavenging is done by the authority instead of by contract. Large numbers of streets have been taken over by the authority. The whole district is lighted by electricity. Housing schemes are progressing—since 1914 the council has erected 126 houses. Two nursing associations have been formed in the district. There is a child welfare in each parish, and a school nurse, and the incidence of infectious disease is diminishing.

We cannot change our climatic conditions, or the dampness of our subsoil, but we can do something in the provision of more houses to combat overcrowding. We can improve the atmospheric conditions by reducing the smoke nuisance ; we can get a cleaner and purer milk supply ; and last, but not least, we can do a great deal in the matter of old house property and its attendant insanitary surroundings. The condition of some of the wards is a standing disgrace to our sanitary administration.

Great strides have been made in 30 years in Public Health work throughout the country. There are ante-natal, natal, and post-natal clinics for mother and child in necessitous cases, midwives, doctors, nurses, health visitors, V.D. clinics, poor law assistance, maternity hospitals, state maternity benefits, and homes for expectant mothers of illegitimate children. There are child welfare centres for children under school age.

For those attending school, the health authorities provide every means for the detection and prevention of disease, e.g. teachers, school attendance officers, school nurses, home visitors, school medical officers, school clinics, and these are supplemented by the use of the various public health departments and infectious diseases hospitals. There are classes for dull and backward children, schools for mental defectives and the blind. Open-air schools for anæmic children and physical defectives, school meals in cases of mal-nutrition, treatment for mental defectives, tuberculosis dispensaries, sanatoria and convalescent homes, treatment for skin diseases, dental, ophthalmic and aural diseases.

When the children leave school and become workers, we find the state and other authorities providing inspectors of factories, factory surgeons, and public health officials, all looking after their interests. Then again we find medical benefits (state insurance), dental, ophthalmic and other specialist benefits, convalescent homes, general and specialist hospitals with x-ray and ultra-violet rays apparatus provided, hospitals for rheumatism, etc., etc.

The danger of the provision of all these undoubted advantages and facilities for the benefit of the future generation is the tendency for the parents and the child to lose sight of their own responsibilities, and there is evidence to-day of some loss of parental control. The child of the future must not be the spoiled child of the state and a nuisance to itself and everybody concerned. The spoilt child of the family is surrounded by every kind of toy and amusement, but is never satisfied, and is usually a failure in life. It cannot be emphasized too strongly that the parent and child have personal responsibilities in the care of their own physical welfare.

I am, Gentlemen,

Your obedient servant,

BASIL G. EWING.

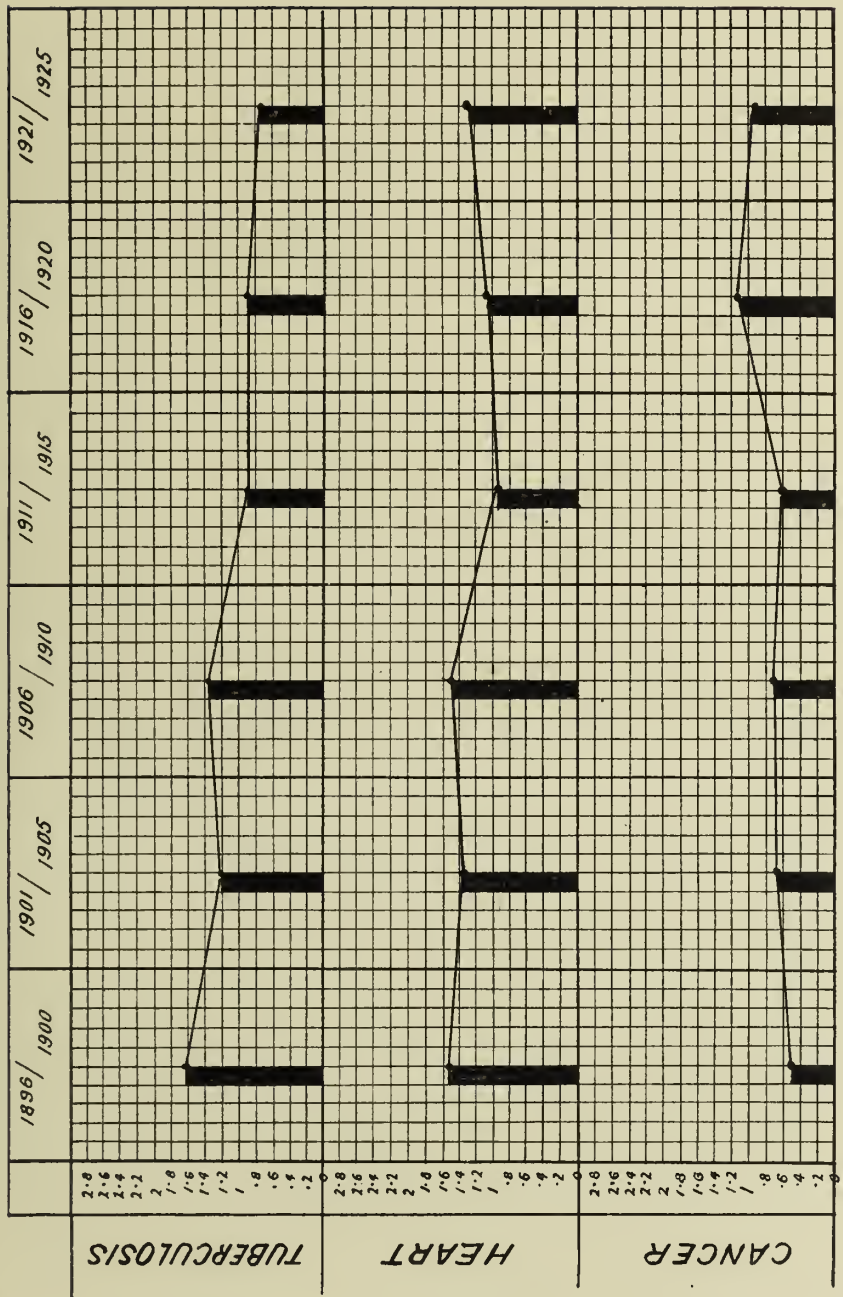
SANITARY AND OTHER DEFECTS - 1896-1925

M.O.H. REPORTS
COUNCIL'S SPECIAL ACTIVITY ..
(See Notes in Detail).

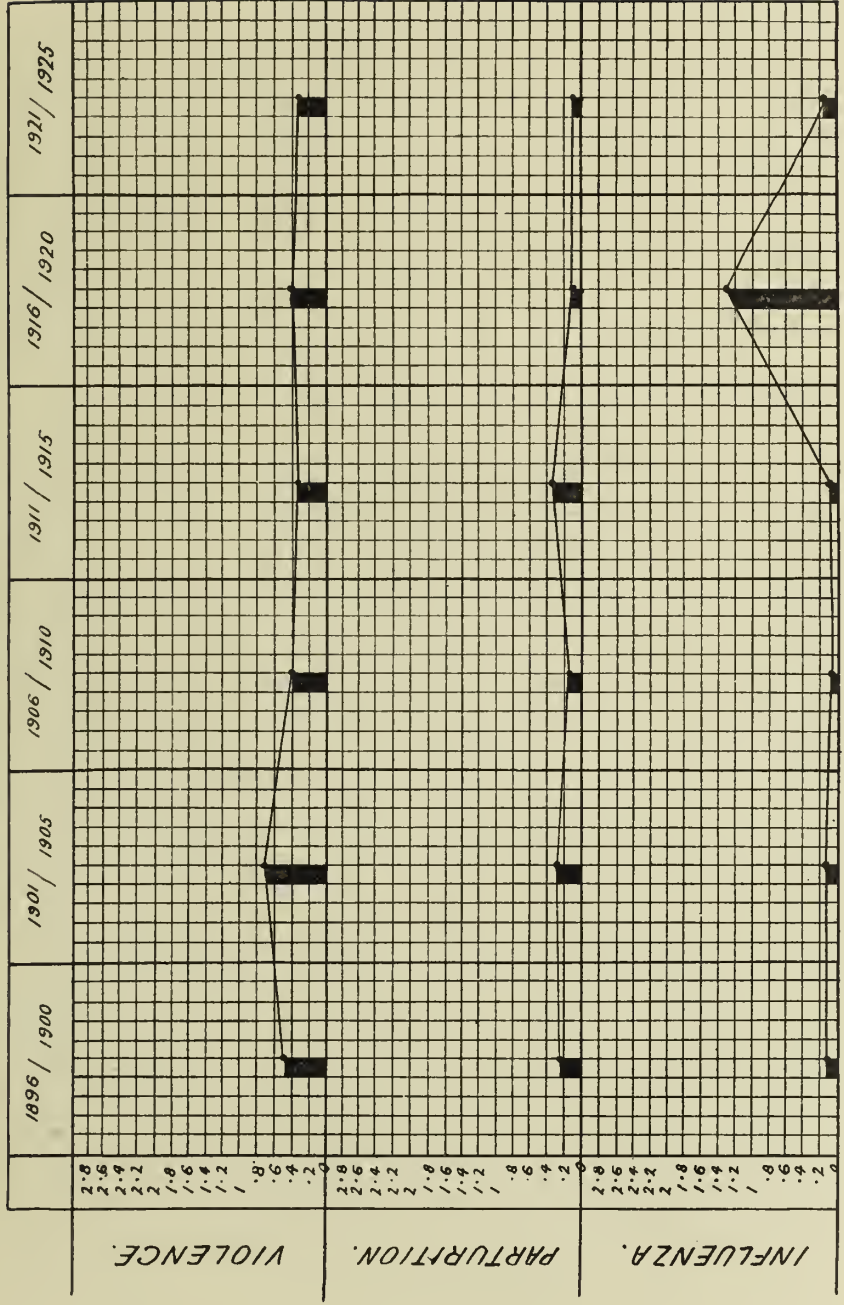
19X

[illegible]

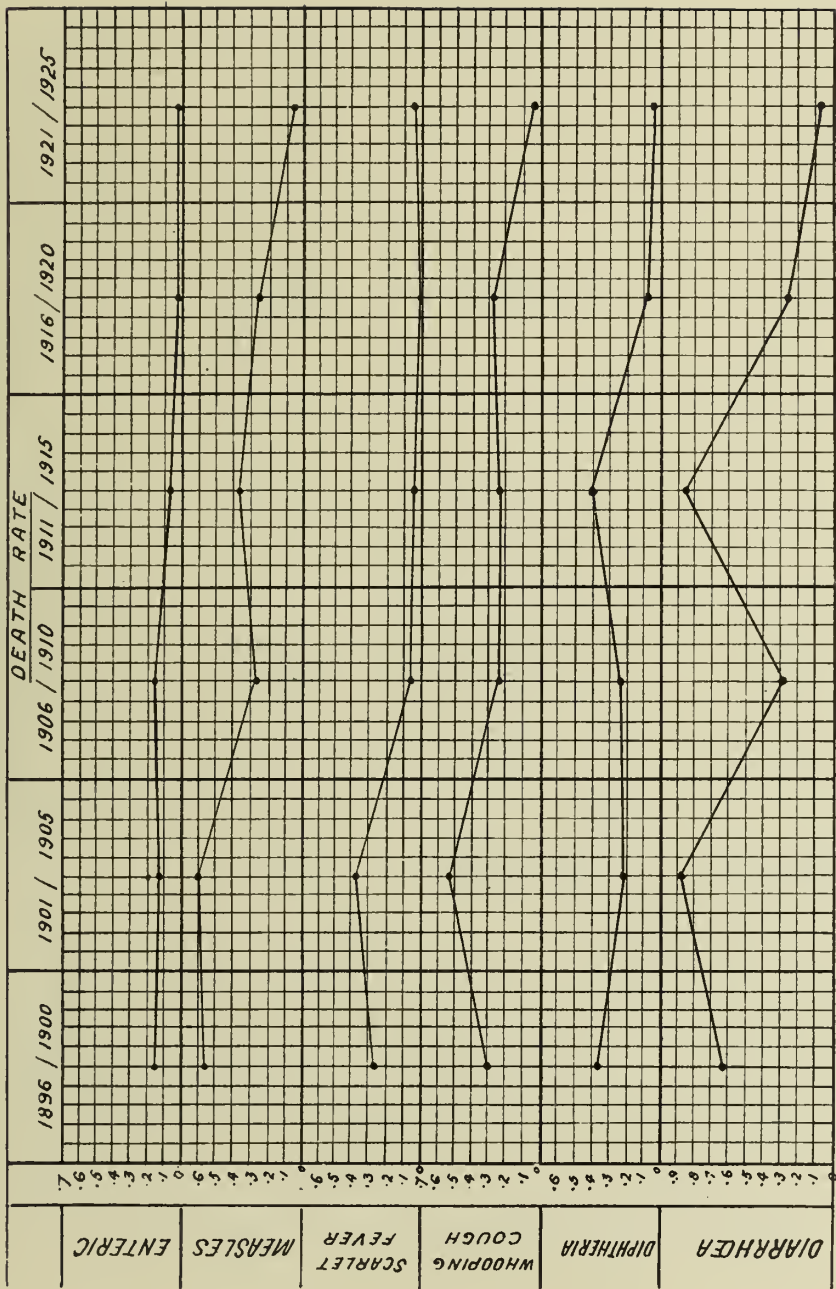
DEATH RATE.



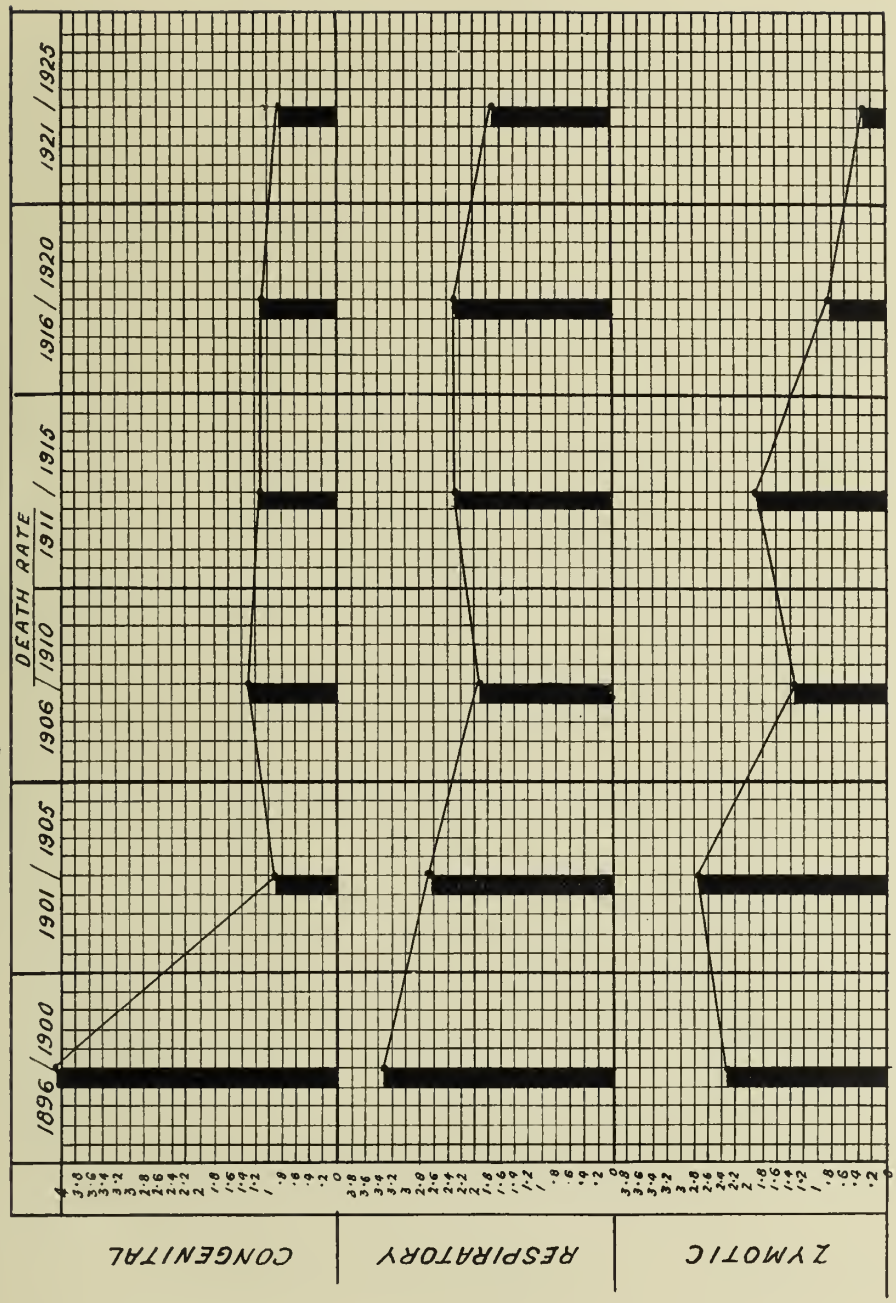
DEATH RATE.



DEATH RATES FROM VARIOUS ZYMOTIC DISEASES.
5 YEARLY PERIOD AVERAGES.



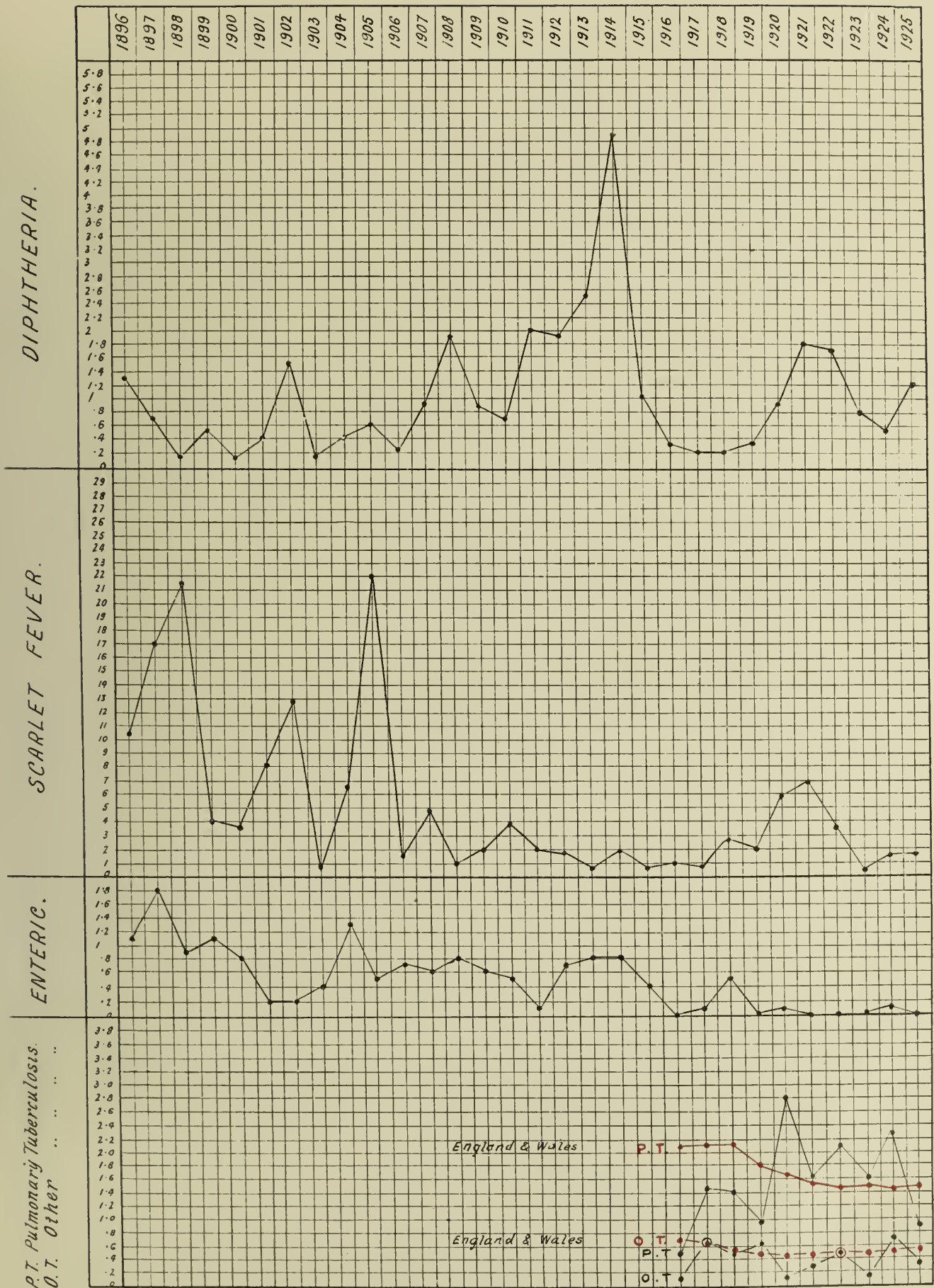
PRINCIPAL CAUSES OF DEATH.
5 YEARLY PERIOD AVERAGES.



5 YEARLY PERIOD AVERAGES.



CASE RATE.



BIRTH RATES, DEATH RATES, INFANTILE MORTALITY & POPULATION FROM 1896 - 1925.

